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Parental support and adolescents' health in the context of parental employment status

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A B S T R A C T

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Parental employment status is an important and often overlooked contextual factor that may influence parent–adolescent relationships. The aim of this study is to examine the effect of parental support on adolescents' health within the context of parental employment status. Data on perceived mother's and father's support, mother's and father's employment status and adolescents' perceived health were collected among 1992 adolescents (mean age 16.9) and analysed using chi-square and logistic regression. Father's support was significantly more often perceived as low when the father was unemployed, while the perception of mother's support did not differ in regards to the mother's employment. Among those with an unemployed father, mother's support appeared protective for adolescents' health, while when a mother was unemployed, father's support was more strongly associated with good health. Our results suggest that in the case of unemployment of one parent, support from the other parent may be more important for children.

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Introduction

A well-known family system theory (Cox & Paley, 1997) views family as a hierarchically organized system comprised of smaller subsystems (e.g. parental, marital, and sibling) but also embedded within larger systems (e.g. the community). Thus, mothers, fathers and children influence each other both directly and indirectly. From a family system perspective, changes in the condition of one family member or in the patterns of relationships among family subsystems may affect the functioning of the others. One such change is parental unemployment. Losing employment is a very stressful event. It is often followed by financial loss, loss of social contacts, loss of structure in the daily routine as well as a decrease in social status (Christoffersen, 2000). All these consequences of unemployment cause stress which the unemployed individual has to cope with. As a result of this stress, unemployment can negatively affect parental behaviour as well as the support which parents give to their children. We assume that parental unemployment can affect support for adolescent children in two ways: (a) as a decrease in parental support as perceived by the adolescents and (b) as a decrease in the health-protective effect of parental support.

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It has been found that financial strain, which is usually related to unemployment, increases the risk of emotional distress, which in turn increases the risk of marital conflict and subsequent marital distress (Conger, Rueter, & Elder, 1999). According to Robila and Krishnakumar (2005), financial strain is associated with higher levels of marital conflicts directly and also indirectly through increased maternal depression and lowered social support. Not only financial problems, but also stressful life events experienced by parents, as stated by Ge, Conger, Lorenz, and Simons (1994), are related to parental depressed moods, which disrupt skillful parenting practices. Parental unemployment, as a possible source of stress and financial strain, can thus negatively influence the amount of support given to adolescents by their parents.

The positive effect of good perceived social support on various aspects of an individual's life is well established (e.g. Amlund Hagen, Myers, & Mackintosh, 2005; Baruch-Feldman, Brondolo, Ben-Davan, & Schwarz, 2002; Leinonen, Solantaus, & Punamäki, 2003). Geckova, van Dijk, Stewart, Groothoff, and Post (2003) found that social support has a strong influence on many aspects of adolescents' health. Piko (2000) reported that a low level of perceived father's support increased the risk of substance use among secondary school students, whereas mother's support did not appear to be such a strong predictor. Wicrama, Lorenz, and Conger (1997) found that through adolescent perception of parental support, changes in parental supportive behaviour are connected with changes in an adolescent's physical health status. On the contrary, a lack of perceived parental support was highly related to depressive symptoms in adolescents (Patten et al., 1997). In this paper we study the protective effect of parental support on self-perceived adolescents' health.

The protective effect of parental support on adolescents' health could be affected by parental unemployment. Based on their finding that parent–adolescent conflicts are related to adolescents' problem behaviour only in families with alcoholic fathers but not in alcoholic-free families, Barrera and Stice (1998) stressed the need to understand parent–adolescent relationships within the context of family background characteristics. In our study, parental employment status is considered as one of these family background characteristics. We expect the protective effect of parental support on the health of their adolescent children to be lower in the event of parental unemployment. Generally speaking, women have been found to have a greater sensitivity to the needs of others, which leads to a greater capacity for providing support (Flaherty & Richman, 1989). Therefore, special attention is paid to mother's and father's social support separately in this study. As has been found in previous research, women experience their unemployment as less stressful than men do, and the effect of mother's unemployment on adolescents is lower than that of father's unemployment (Christoffersen, 2000; Sleskova, Salonna, et al., 2006). In line with these results, we also expect the effect of mother's support on adolescents' health to be influenced less by mother's unemployment than the effect of father's support by father's unemployment.

To summarise: previous research examining the effect of parental support on children's health has overlooked ways in which parental employment status moderates the influence of parental support on children's health. The main aim of the present paper is, therefore, to explore the effect of parental support on adolescents' health, taking into account parental employment status. Firstly, we aim to compare levels of support received from mothers and fathers between employed, short-term unemployed and long-term unemployed mothers and fathers. We expect that those adolescents with unemployed parents will report lower levels of parental support.

Secondly, the effect of high levels of parental support on adolescents' health stratified by parental employment status will be studied. We expect the protective effect of parental support on health to be lower in the groups of adolescents with unemployed parents.

Methods

Sample and procedure

Our sample consisted of 1992 secondary school students from 24 secondary schools in the Kosice region in Slovakia (Sleskova, Salonna, Madarasova Geckova, van Dijk, & Groothoff, 2005). The Slovakian school system is as follows: After leaving elementary school (9 years attendance), Slovak adolescents aged around 15 enter one of four types of secondary schools: 1) a four-year grammar school providing general education and preparation for university study. 2) a four-year specialised secondary school providing usually technical education, after which it is also possible to study at university; however this is a lower level of education than grammar school. 3) a four-year apprentice school providing education for manual occupations. 4) a three or two-year apprentice school providing only basic education for manual occupations.

Data were collected in the winter of 2002. The sample was stratified by type of school and gender (46.5% male, 53.5% female). The age of respondents ranged from 14 to 19 years; the mean age was 16.8 (standard deviation 1.1). Only a small minority of the sample comprised the ages 14 ($N = 18$; 0.9%) and 19 years ($N = 22$; 1.0%). All respondents lived with at least one parent. Respondents completed a questionnaire at school during a 45 min class period on a voluntary and anonymous basis in the absence of their teachers. A response rate of 97.5% was achieved, non-response was due to the illness or other type of the school absence.

Measures

Employment status of parents

Respondents were asked to indicate whether their mother and father were employed or unemployed and the duration of their unemployment, if applicable. This was then coded into the following categories: employed/unemployed less than one

year/unemployed more than one year. Unemployment longer than one year is usually considered as long-term unemployment, while shorter than one year is short-term unemployment.

It is necessary to explain the employment situation in Slovakia, mainly with respect to females. Although being a housewife is common in many West European countries, this type of employment status among females is virtually non-existent in Slovakia (Sleskova, Tuinstra, et al., 2006) – most women have or would like to have full-time employment. Our previous analyses showed no differences between housewives and unemployed women with regard to their effect on the health of adolescents (Sleskova, Tuinstra, et al., 2006). Therefore, in this study we use only the category 'unemployed'.

Health

We used five self-reported measures covering both physical and mental health. All measures were dichotomised in such a way that approximately 30% of respondents reporting worse health are considered as having 'bad health' and the rest as having 'good health'.

Self-rated health is a single-item scale widely used in health studies, because it is generally accepted as a good predictor of mortality and morbidity (Idler & Angel, 1990; Larsson, Hemmingsson, Allebeck, & Lundberg, 2002). Respondents assessed their health using a five-point scale. 'Excellent' and 'very good' health ratings were combined into one group and considered as 'good health', and 'good', 'fairly good' and 'bad' ratings were consolidated into a second group.

Vitality and mental health are two scales of the 36-item RAND questionnaire (Ware & Sherbourne, 1992). The vitality scale consists of four items focusing on energy and fatigue. Mental health is a five-item scale focusing on psychological distress and well-being. In both indicators, respondents were asked to evaluate their feelings during the previous four weeks using five-point Likert scales. Sum scores were then transformed into scales with a possible range from 0 (worst) to 100 (best). The Cronbach alphas for these scales were 0.71 for vitality and 0.78 for mental health, respectively. They were dichotomised at the cut-off point 45/46 or more in order for approximately 30% of the respondents to have 'bad health'.

Long-term well-being was measured on a seven-point scale consisting of stylised faces. Respondents rated their feelings about their life in the previous year. The faces were coded into numbers with number 1 meaning the best well-being and number 7 the worst. The scale was used to assess socio-emotional health in addition to the global and physical health measured by other indicators. This simple scale may provide a better representation of respondents' feelings than would similar verbal scales (Andrews, 1996). Those respondents who rated their well-being with the numbers 1–3 were considered as having 'good health'.

Health complaints experienced during the previous month were recorded using the Slovak version of the Dutch questionnaire VOG (Geckova et al., 2001); (Jansen & Sikkels, 1994). This shortened version consisted of 13 items. A three-point scale (never, less than three times, three and more times) was used in response to each item in our study. The Cronbach alpha for this scale was 0.78. In this study the occurrence 'three and more times' was considered as having a particular health complaint and to have none to three health complaints was considered as 'good health'.

Parental support

Parental support was measured using a 12-item questionnaire. The questionnaire was derived from Measures of Perceived Social Support (Turner & Marino, 1994). We separately assessed the level of support each respondent experienced from his or her mother and father. Items focused on closeness to a parent, time to talk with a parent, the feeling of being a worthwhile person, being relaxed and myself in the presence of a parent, the feeling that a parent is always here and the feeling of a parent's confidence in the adolescent. Each item has a four-point response scale, with a sum score ranging from 6 to 24 separately for mother's and father's support. The internal consistency of the scale was highly satisfactory. Cronbach alphas are 0.87 for the mother and 0.92 for the father, respectively. In this study, sum scores were recoded into tertiles (high, medium and low support) separately for mothers and fathers. For mother's support, scores of 6–7 were considered as high support (30.2% of respondents), scores of 8–10 as medium support (33.1%), and scores of 11–24 as low support (36.7%). For father's support, scores of 6–9 were considered as high support (33.2% of respondents), scores of 10–12 as medium support (30.0%), and scores of 13–24 as low support (36.8%). This different grouping of mother's and father's support was chosen to obtain a similar distribution of high and low social support for both parents. Father's support is generally lower than mother's. If we used an equal grouping for both parents, the "high support" group would contain only those fathers who give extremely high support to their children when compared to most fathers, whereas the "low support" group would also include those father's who, in the context of parental support, give medium support to their children.

Statistical analyses

First, we examined differences in parental support between employed, short-term and long-term unemployed parents using chi-square statistics. Next, we examined the relative effect of medium and high levels of mother's and father's support on the occurrence of good health among adolescents using logistic regression. We repeated these analyses with adjustment for the support received from the other parent to determine the effects of support from either the mother or the father. Finally, we repeated similar analyses in each parental employment status category. Given the possibility that the analysed relationships could be gender specific, all models were adjusted for gender.

Results

Table 1 gives the descriptive information about adolescents' perception of mothers' and fathers' support by father's and mother's employment status (employed, short-term unemployed and long-term unemployed). Results indicate that only a father's support depends on the father's employment status. From those respondents whose father was short-term or long-term unemployed, 49% and 46% respectively reported receiving low support from him compared to 34% of those whose father was employed. Father's support did not differ by mother's employment status. Mother's support did not differ by either father's or mother's employment status.

Next we explored the crude and adjusted effects of mother's and father's support on adolescents' health. As can be seen from **Table 2**, when the crude effect of mother's and father's support was analysed, medium and high levels of their support were protective for adolescents' health in all measured aspects of health. The only exception was self-rated health, where a medium level of mother's support was not protective for adolescents' health. In the adjusted model (**Table 2**) the effect of mother's support on some health indicators disappeared. The effect of a high level of mother's support on self-rated health, a medium level of support on vitality and a medium level of mother's support on the occurrence of health complaints became insignificant. The effect of mother's support on the other aspects of adolescents' health remained significant, but the odds ratios decreased after adjusting for father's support. The effect of father's support on adolescents' health also remained highly statistically significant ($p \leq 0.001$) after adjusting for the effect of mother's support.

In the next step, the group of respondents was divided into categories by father's and mother's employment status separately. We compared analyses with three (employed, short-term unemployed and long-term unemployed) and two (employed and unemployed) employment categories. Because more detailed categorisation of employment did not add to the model with statistical significance ($p > 0.05$), we present data only for two categories: employed and unemployed parents. Logistic regression models were run in each category to examine the adjusted effect of mother's and father's support on several aspects of adolescents' health with respect to parental employment status.

Firstly, the crude effect of mother's and father's support on health was analysed. Afterwards, the effect of mother's support was adjusted for father's support and vice versa. Because the pattern of this adjustment was very similar to that presented for all respondents in **Table 2** (after adjusting the protective effect of mother's support decreased), we only present adjusted effects in **Tables 3 and 4**.

Father's employment status

The protective effect of parental support on adolescents' health among groups divided by father's employment status is presented in **Table 3**. Among those with employed fathers, medium and high levels of father's support had significant positive effect on adolescents' health in all five health indicators used in our study (**Table 3**). The odds ratios ranged from 1.65 to 2.49. The effect of mother's support on health when fathers were employed was much lower. Medium and high levels of mother's support (OR 1.45, 95% CI 1.07–1.95 and OR 1.63, 95% CI 1.17–2.28, respectively) were protective for adolescents' mental health, and high level of social support positively influenced the occurrence of health complaints (OR 1.35, 95% CI 1.00–1.83). Among those with unemployed fathers, a medium level of father's support was protective only for vitality (OR 2.37, 95% CI 1.14–4.92) among respondents. All other associations between father's support and adolescents' health were insignificant when the father was unemployed. On the other hand, mother's high support was protective for adolescents' health in four out of five health indicators (vitality, mental health, long-term well-being and occurrence of health complaints) among those with unemployed fathers. Good long-term well-being was also predicted by a medium level of mother's support (OR 2.22, 95% CI 1.05–4.71).

Table 1

Father's and mother's support, comparison of groups with parents employed, unemployed <1 year, and unemployed >1 year.

	Father's employment status			Mother's employment status		
	Employed	Unempl. <1 year	Unempl. >1 year	Employed	Unempl. <1 year	Unempl. >1 year
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
Father's support						
High	34.6 (565)	24.1 (20)	25.0 (37)	32.9 (505)	33.3 (30)	34.2 (83)
Medium	30.7 (501)	26.5 (22)	28.4 (42)	29.9 (460)	23.3 (21)	33.7 (82)
Low	34.7 (567)	49.4 (41)	46.6 (69)	37.2 (572)	43.3 (39)	32.1 (78)
Chi-square			16.02**			5.14 n.s
Mother's support						
High	30.6 (503)	33.3 (27)	29.1 (48)	30.4 (488)	32.3 (31)	28.9 (76)
Medium	33.3 (546)	28.4 (23)	30.9 (51)	33.2 (533)	31.3 (30)	33.1 (87)
Low	36.1 (593)	38.3 (31)	40.0 (66)	36.3 (583)	36.5 (35)	38.0 (100)
Chi-square			1.77 n.s			0.59 n.s

** $p < 0.01$.

Table 2

Crude and adjusted effects of parental support on good health of adolescents.

			Crude effect	Adjusted effect ^a
			OR (95% CI)	OR (95% CI)
Self-rated health				
Mother's support	Low		1.00	1.00
	Medium		1.02 (0.82–1.27)	0.83 (0.65–1.05)
	High		1.54 (1.21–1.95)	1.18 (0.90–1.54)
Father's support	Low		1.00	1.00
	Medium		1.83 (1.44–2.32)	1.90 (1.49–2.42)
	High		2.14 (1.69–2.70)	2.11 (1.63–2.73)
Vitality				
Mother's support	Low		1.00	1.00
	Medium		1.34 (1.07–1.68)	1.12 (0.88–1.43)
	High		1.94 (1.53–2.48)	1.57 (1.20–2.07)
Father's support	Low		1.00	1.00
	Medium		1.71 (1.35–2.17)	1.65 (1.30–2.11)
	High		2.32 (1.82–2.96)	1.95 (1.50–2.53)
Mental health				
Mother's support	Low		1.00	1.00
	Medium		1.75 (1.35–2.25)	1.46 (1.10–1.92)
	High		2.19 (1.66–2.89)	1.78 (1.31–2.42)
Father's support	Low		1.00	1.00
	Medium		2.29 (1.74–3.02)	2.14 (1.61–2.82)
	High		2.72 (2.06–3.60)	2.16 (1.60–2.92)
Long-term well-being				
Mother's support	Low		1.00	1.00
	Medium		1.76 (1.34–2.30)	1.39 (1.04–1.86)
	High		2.17 (1.62–2.90)	1.63 (1.17–2.27)
Father's support	Low		1.00	1.00
	Medium		2.09 (1.56–2.79)	2.00 (1.49–2.68)
	High		2.89 (2.13–3.92)	2.35 (1.69–3.27)
Health complaints				
Mother's support	Low		1.00	1.00
	Medium		1.47 (1.17–1.86)	1.28 (0.99–1.65)
	High		1.86 (1.45–2.38)	1.54 (1.17–2.03)
Father's support	Low		1.00	1.00
	Medium		2.09 (1.63–2.69)	2.05 (1.59–2.65)
	High		2.23 (1.74–2.85)	1.90 (1.45–2.48)

Both models are adjusted for gender.

Statistically significant effect is in bold.

^a 'Adjusted' – adjusted for the support of the other parent.

Mother's employment status

Among those with employed mothers, father's support primarily had a protective effect on adolescents' health (Table 4). Medium and high levels of father's support positively affected the health of adolescents in all health indicators used (odds ratios ranged from 1.60 to 2.34). High levels of mother's support were important predictors of good health in four out of five health indicators (vitality, mental health, long-term well-being and health complaints) (odds ratios ranged from 1.51 to 1.99).

Medium levels of mother's support had no effect on health, with the exception of mental health (OR 1.62, 95% CI 1.19–2.18). Among those with unemployed mothers, only father's support affected health. Medium levels of support from the father positively influenced health in all of the health indicators used (ORs ranging from 1.89 to 3.23). High levels of father's support were important predictors of good self-rated health, vitality, mental health and long-term well-being (ORs ranging from 2.13 to 2.89).

Discussion

This study of the effect of parental support on the health of adolescents with respect to the employment status of parents produced several interesting results. Firstly, we expected less support from both the mother and father during their unemployment. However, our results showed that only perceived father's support was lower when the father himself was unemployed. Perceived mother's support did not seem to be affected either by a father's or by a mother's unemployment. This could be explained by different experience of unemployment by men and women. According to Conger, Lorenz, Elder, Simons, and Ge (1993), men are more likely than women to report being distressed by work-related and financial events. Furthermore women experience their own unemployment as less stressful than men do (Artazcoz, Benach, Borrel, & Cortes, 2004; Waters

Table 3

The effect of parental support on good health of adolescents health by father's employment status. Results are adjusted for gender of the respondents and for social support of the other parent.

Father's employment status		Employed <i>n</i> = 1655	Unemployed <i>n</i> = 251
		OR (95% CI)	OR (95% CI)
Self-rated health			
Mother's support	Low	1.00	1.00
	Medium	0.80 (0.61–1.04)	0.95 (0.49–1.82)
	High	1.10 (0.82–1.47)	1.94 (0.97–3.88)
Father's support	Low	1.00	1.00
	Medium	1.92 (1.48–2.51)	1.70 (0.89–3.25)
	High	2.21 (1.67–2.94)	1.58 (0.77–3.22)
Vitality			
Mother's support	Low	1.00	1.00
	Medium	1.03 (0.79–1.34)	1.64 (0.82–3.28)
	High	1.30 (0.97–1.75)	5.06 (2.29–11.20)
Father's support	Low	1.00	1.00
	Medium	1.65 (1.27–2.14)	2.37 (1.14–4.92)
	High	2.27 (1.70–3.03)	0.81 (0.38–1.73)
Mental health			
Mother's support	Low	1.00	1.00
	Medium	1.45 (1.07–1.95)	1.44 (0.66–3.13)
	High	1.63 (1.17–2.28)	2.88 (1.21–6.87)
Father's support	Low	1.00	1.00
	Medium	2.16 (1.60–2.92)	2.21 (0.98–5.00)
	High	2.29 (1.65–3.17)	1.85 (0.74–4.60)
Long-term well-being			
Mother's support	Low	1.00	1.00
	Medium	1.28 (0.92–1.76)	2.22 (1.05–4.71)
	High	1.37 (0.95–1.97)	4.21 (1.78–9.96)
Father's support	Low	1.00	1.00
	Medium	2.11 (1.52–2.93)	1.53 (0.73–3.32)
	High	2.49 (1.65–3.58)	1.82 (0.73–4.52)
Health complaints			
Mother's support	Low	1.00	1.00
	Medium	1.30 (0.98–1.70)	1.12 (0.56–2.24)
	High	1.35 (1.00–1.83)	2.85 (1.29–6.27)
Father's support	Low	1.00	1.00
	Medium	2.25 (1.71–2.96)	1.54 (0.75–3.13)
	High	2.14 (1.60–2.86)	1.17 (0.53–2.55)

Statistically significant ($p < 0.05$) effect is in bold.

& Moore, 2002). Unemployment, therefore, probably does not change women's behaviour towards their children, and adolescents do not perceive the support of their mother as worse if she is unemployed. On the other hand, stress caused by unemployment probably decreases the father's support given to children. Our results, however, do not give a satisfactory answer to the question about family processes under the situation of job loss of one of the parents. Furthermore, the parental support measure used in our study is based on the adolescents' perception of parental support and not on objective parental behaviour towards children. Additional research would therefore be needed for a better understanding of family processes during parental unemployment.

As a second step, the effect of parental support on adolescents' health was explored. We found that both mother's and father's support was protective for adolescents' health when analysed separately. However, when the adjusted effect of mother's and father's support was analysed, the positive influence of mother's support decreased or even disappeared for some outcomes. Forehand and Nousiainen (1993) suggested that although a father's acceptance of an adolescent occurs more seldom than a mother's, when it does occur it may actually play a more important role in the adolescent's life than the mother's acceptance. Our findings seem to be in line with this hypothesis. Father's support was generally perceived as lower than the mother's, but when it was high it played a greater protective role in adolescents' health than high mother's support.

Thirdly, we explored the protective effect on adolescents' health with regard to the employment status of their parents. When both parents were employed, higher levels of father's support were mainly protective for the health of their children. However, if the father was unemployed, his social support had hardly any association with adolescents' health, but support from the mother had such an association. An explanation may be that when the father is without a paid job and has to cope with many stressors, the influence of his support subsides in both a positive as well as negative sense. In this situation the mother is more important than the father for the health and well-being of adolescent children, in contrast to the situation when the father is employed. On the other hand, when the mother was unemployed it was not her support, but more the father's that was associated with better health. A general explanation may be that in the case of unemployment of one parent,

Table 4

The effect of parental support on good health adolescents health with regard to mother's employment status. Results are adjusted for gender of the respondents and for social support of the other parent.

Mother's employment status		Employed <i>n</i> = 1610	Unemployed <i>n</i> = 361
		OR (95% CI)	OR (95% CI)
Self-rated health			
Mother's support	Low	1.00	1.00
	Medium	0.83 (0.63–1.09)	0.72 (0.41–1.26)
	High	1.14 (0.85–1.54)	1.23 (0.66–2.29)
Father's support	Low	1.00	1.00
	Medium	1.84 (1.41–2.42)	2.30 (1.30–4.08)
	High	2.08 (1.55–2.77)	2.43 (1.34–4.40)
Vitality			
Mother's support	Low	1.00	1.00
	Medium	1.14 (0.87–1.50)	1.03 (0.58–1.81)
	High	1.51 (1.11–2.03)	1.86 (0.98–3.55)
Father's support	Low	1.00	1.00
	Medium	1.60 (1.20–2.05)	2.12 (1.18–3.80)
	High	1.96 (1.46–2.63)	2.13 (1.16–3.92)
Mental health			
Mother's support	Low	1.00	1.00
	Medium	1.62 (1.19–2.18)	0.84 (0.52–1.71)
	High	1.99 (1.42–2.79)	0.99 (0.45–2.16)
Father's support	Low	1.00	1.00
	Medium	1.98 (1.46–2.68)	3.23 (1.51–6.90)
	High	2.08 (1.49–2.91)	2.84 (1.34–6.01)
Long-term well-being			
Mother's support	Low	1.00	1.00
	Medium	1.27 (0.92–1.75)	1.98 (0.97–4.05)
	High	1.53 (1.06–2.21)	2.19 (0.98–4.89)
Father's support	Low	1.00	1.00
	Medium	1.97 (1.42–2.73)	2.23 (1.09–4.55)
	High	2.34 (1.62–3.37)	2.89 (1.30–6.41)
Health complaints			
Mother's support	Low	1.00	1.00
	Medium	1.30 (0.98–1.72)	1.22 (0.68–2.20)
	High	1.60 (1.17–2.18)	1.29 (0.69–2.42)
Father's support	Low	1.00	1.00
	Medium	2.10 (1.58–2.78)	1.89 (1.04–3.44)
	High	2.01 (1.49–2.72)	1.56 (0.85–2.86)

Statistically significant ($p < 0.05$) effect is in bold.

the second parent becomes more important for the children. High levels of his/her support are protective for the children, and low levels of support threaten the children, while support from the unemployed parent loses its importance for adolescents. One explanation is that adolescents feel the stress of an unemployed parent and therefore try to gain support from the other parent. When this support is high, it protects them, and when it is low, it harms them; but in any case it seems to be important. Another explanation is that the unemployed parent has more conflicts with the adolescent as a result of job loss, and then the other parent is very important as a mediator of the relationship between the unemployed parent and adolescent. It would be interesting to explore deeply the mechanism of parental support within the family with an unemployed parent. A longitudinal study in particular could give answers to the question of what happens when a parent becomes unemployed.

When looking at parental support with regard to employment status one more interesting result was found. In the case of mother's support, mainly high levels were protective for their children, while in the case of father's support, only medium support was enough to protect children's health. This finding again supports the idea that, although father's support is lower than mother's, it could play a more important role for children.

We found that the protective effect of parental support on adolescents' health can work differently under different life conditions, particularly regarding parental employment status. However, in a similar study concerning different socioeconomic groups (measured by parental education and parental occupational group), Geckova et al. (2003) did not confirm any differences in the effect of social support on health among socioeconomic groups of 15-year-old Slovak adolescents. These different findings suggest that although parental unemployment means a decrease in socioeconomic status, it cannot be simplified to low socioeconomic status, mainly when its effects on children are measured. It probably causes more complex changes in the family system, which can have different effects on children than low socioeconomic status as such. Helping unemployed adults to cope with their situation cannot therefore be restricted to increasing their socioeconomic status (via state unemployment benefits) but should be oriented also towards the counselling process. Working with the whole family system and increasing the level of support which parents give to their children even in the situation when they have to

cope with their own unemployment could help to prevent many undesirable effects of parental unemployment on children's health.

Strengths and limitations of the study

The present paper has several strengths and limitations. The main strength is that it focuses on the effect of parental support on adolescent's health under different life circumstances, in this case different employment status of parents, which is often overlooked or sidelined in the literature. Furthermore we have used five health indicators, which comprised several aspects of adolescents' health – general health, psychological health as well as physical health. The focus on father's and mother's employment status separately belongs among the strengths as well as the limitations of the present study. The positive aspect is that we can see how differently parental support influences health when the father is unemployed in comparison with the situation when the mother is unemployed. However, there is evidence that having both parents unemployed has even more negative consequences for children than having only one parent unemployed (Kaltiala-Heino, Rimpela, Rantanen, & Laippala, 2001; Sleskova, Salonna, et al., 2006). When interpreting results, the sample size in separate groups should also be taken into account. Some of the differences in odds ratios could be due to the fact that the groups of unemployed fathers and mothers were much smaller than those of employed parents. This study is based on self-reported data obtained from a single informant — an adolescent at one measurement point — which is considered as a third limitation of the study. Studies with a longitudinal design with data on parent–child relationships obtained also from parents would be useful for deeper analyses of the parent–child relationship in the situation of parental unemployment. The fact that we have included in our study also those respondents who did not live with or did not have one parent might be also seen as a limitation. However, the number of adolescents living with both biological parents in the eastern part of Slovakia (where the data collection was done) is generally very high (in our newer sample collected in December 2006 it was 87%). Despite these limitations, the present article adds new information to the knowledge about parental unemployment and can be considered as an important suggestion for further research.

This study is one of a relatively small number investigating an important contextual variable — parental unemployment — when examining relationships between parental support and adolescents' functioning. To conclude our results, it seems to be that parental unemployment influences the parental support given to adolescent in both ways studied: as a decrease in the parental support perceived by the adolescents and as a decrease in the health-protective effect of parental support. However, more research would be needed for a deeper understanding of the role of unemployment in the family system. Particularly, a culture-oriented approach is needed, as the percentage of employed and unemployed parents, especially mothers, is different in every country. For example, in Slovakia being a housewife is very rare, while in the Netherlands it is much more common (Sleskova, Tuinstra, et al., 2006); thus the effect of parental support on adolescents' health may be also different in different cultural settings.

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